[Shri Pawan Kumar Bansal]

it is also a fact that their pension is meagre. The plight of a widow or an orphan rendered so by the sudden death of a soldier is still more pitiable. What is needed today is not just a lip service but a determined effort to better their lot. It is imperative that we launch more well thought of schemes for their welfare.

It is a genuine demand that regardless of their date of retirement there should be same pension for same rank. Why should a subedar who fought in the 1962 battle and retired then get less pension than a subedar who retires today? They both have to face the brunt of inflation. It is also necessary that a similar scheme of pension is made applicable to the widows and orphans also. Understandably Sir, defence services have to keep a young profile and, as I said, it is because of this that the servicemen have to retire at an early age. It is, therefore, desired that schemes are framed to ensure them reasonably good jobs commensurate with their position in the armed forces, at least till the attainment of the age of 58 years. It should also be mandatory to provide a job to the dependent of a soldier killed.

To conclude, I would only say that a soldier offers effective insurance to the nation. A grateful nation must not hesitate in paying the premium for the same. Sir, General Aurora is here. I hope he will extend support to whatever I have said.

SARDAR JAGJIT SINGH AURORA (Punjab): I am sorry I was not paying attention, but whatever he has said I whole-heartedly support the same.

SHRI GHULAM RASOOL MATTO (Jammu and Kashmir): Everybody supports that.

THE VICE-CHAIRMAN (SHRI JAGESH DESAI): I think the whole House supports it.

DISCUSSION ON THE WORKING OF THE MINISTRY OF HEALTH AND FAMILY WELFARE—Contd.

PROF. (MRS.) ASIMA CHATTERJEE (Nominated): Thank you, Mr. Vice-Chairman, for having given me the opportunity to speak on the working of the Ministry of Health and Family Welfare. The Ministry has been working on the development of health services initiating several new programmes and also intensifying the activities of programmes already functioning and especially the various vertical programmes as elaborated in the brochure on National Health Policy brought out by Lok Sabha Secretariat, New Delhi in January, 1989.

The aim of this policy is to achieve 'Health for all by 2000 A.D.' through the universal provision of comprehension of primary health care services. Such services must begin where problems arise. This was observed by late Prime Minister Smt. Indira Gandhi in her address at the World Health Assembly in May, 1981. Did she mean at formulating national health policy as a centripetal force, to integrate preventive and control measures and arouse health consciousness from remotest rural areas or tribal areas to the uban or central zones? I think, surely she meant such and not the centrifugal layout of the policy. By instituting and promoting national malaria, small pox, cholera, filariasis, leprosy, cancer and eradication programmes, etc. Government of India have taken adequate measures to control such diseases. Definitely encouraging results have already been obtained and such are in continuity as well. Maternity and Child Health Programme, eradication programmes and such other programmes amply justify the combined effect of centripetal forces and central assistance and increasing health consciousness.

To extend medical care free of cost to everyone is now an utopian dream or idea in our country because of the population explosion. Till and until

the Ministry of Health, the Ministry of Social Welfare and the Ministry of Education and even the Ministry of Surface Transport, Ministry of Environment make a combined effort to promote health consciousness and interest in health programmes, no policy of ours will succeed in achieving the goal by 2000 A.D. Frequent monitoring and reviewing of the progress achieved by family welfare programmes have confirmed that the management information system of different areas of this vast country can never function from Centre, that is, centrifugal force is non-pragmatic. Ministry of Railways, Ministry of Labour, Ministry of Power etc. are running on our country's revenues and have their own medical or health care systems. For their employees and also for others who come from villages if these Ministries do not cooperate in these vital programmes like family welfare, how can we expect good health for mothers and children by 2000 A.D.? Reasons for non-cooperation in Family Welfare programmes in remote areas have to be analyzed. Is there a defect in the approach of Extension Educators or Social Workers or Family Planning Officers? Is there a deficiency in the supply of technology or is the technology itself defective, for example, I.U.D. in the presence of sepsis in the genital tract? Is there no facility for vasectomy or tubectomy? Is there any follow up? Are the media functioning effectively? Besides radio and television, cinema shows and performance of dramas, etc., should be routine media and such must be in the local language spoken by the majority in the area. In the urban areas or amongst the educated population, oral contraceptives are preferred whereas we enforce or extend permanent sterilization measures in rural areas by holding tubectomy or vasectomy camps. But still, amongst many in the tribal areas or remote rural areas, traditional medicines are in practice for controlling population explosion. So we should pay more attention to traditional medicines—Ayurvedic, Unani and Homoeopathy—for use as oral contraceptives. The Ministry of Health should promote and popularize such traditional medicines which are less expensive and which could be made available to the common man as Allopathic medicines are more expensive and they cannot afford to pay for the Allopathic medicines and, therefore, adequate funds to support such programmes for the development of traditional medicines should be forthcoming to substitute inflating or inflated costs of oral contraceptives or pills. Such pills are not free from untoward or ill effects, if continued for long, as these are hormones and disturb the endocribe system of the female population. But the traditional medicines, particularly the herbal products, are free from such ill effects on the human systems. So, why should we not pay more attention to research and industry in traditional and herbal medicines? We have not to import these, and the cost of production of the traditional medicines is much less. We can also save our foreign exchange by developing this particular system of medicine. This is also being strongly advocated by the World Health Organization.

To attain the goal of Good Health for All by 2000 A.D., we have to reorient preventive and control measures against diseases which are mostly air-borne and water-borne. So we have to fight against environmental pollution which can minimize gastro-intestinal, respiratory and helminthic infection. Steps should be taken for the supply of safe and adequate drinking water, to have good sanitary arrangements, drainage of sewerage and effluents and for prevention of contamination of large rivers, ponds, tanks, etc., with harmful bacilli and pathogenic micro-organism. Non-Government hospitals or agencies cannot take up these. These hospitals or such voluntary organizations can render only curatve service only to a

[Prof. (Mrs.) Asima Chatterjee]

small section of the population. The majority of the burden has to be borne by the Government.

To reduce or minimize diseased populations, preventive and control measures are extremely urgent. Supply of vitamin A, Triple-Antigen, Tetanus Toxoid, anti-snake venom medicines, iodized salt to minimize incidence of goitre, etc., should come under preventive and control measures. To combat blindness or increase in mental disorders or epilepsy, etc., special task forces should be created or organized, both in centripetal and centrifugal manner. In such matters, the National Health Policy should be to promote traditional medicines immediately as such have proved to be of considerable value for thousands of years. Instead of trying to live on the prestige or attainment of Indian medicine in the past, the best way to pay tributes to Charka and Susruta, Rajanighantu, Bhavaprakash, Dravyagun, etc., will be a thorough revival of Ayurvedic medicines. Personally, I feel that physicians of modern times should cooperate with Ayurvedic physicians and *vice versa* so that Ayurvedic medicines are properly and adequately used.

I shall now speak briefly on "Chemistry and Medicinal Industry."

THE VICE-CHAIRMAN (SHRI JAGESH DESAI): Only one minute, please.

PROF. (MRS.) ASIMA CHATTERJEE: As I have been associated for nearly 50 years with the Science College, University of Calcutta, I had the opportunity of working under the late Acharya P. C. Ray who was the pioneer of this industry. He was the main architect of the Bengal Pharmaceutical Works Limited. His students were his assistants in developing such industry. His passion was that his students after passing M.Sc. should not be begging for food or jobs but developing industry and looking after the health of people and provide food free from adulteration to many through employments. Days have changed. The price index of medicines has increased by 100 to 200 per cent. It is very difficult for most of the people to buy these expensive medicines without depriving the family of food, clothing etc. I am myself Chairman of the Calcutta Chemical Company and am associated with Organon, one of the leading pharmaceutical industries. I can observe that a tremendous change has come in the outlook of employees, directors even etc. Really speaking the producers are overwhelmed with the increasing cost of raw materials and increasing demand of the employees. So, to promote medicine and industry, I feel, the Ministry of Health, Ministry of Food, Ministry of Industries and the Ministry of Labour should come together, discuss and evolve suitable methods for solutions so that the cost of drugs is maintained within the buying limits of average population. Food adulteration and quality maintenance of drugs can then be possibly solved.

Just one minute, Sir.

I have not been able yet to tell you what I desired to say due to time limitation. I would like to conclude with this remark. If we do not like the community to survive and to work in commune system, where shall we be in near future? Medical education and research are continuing processes. The problems emerging now are to control AIDS and to provide geriatric rehabilitation. So, none of us can live in exclusion of others. We have to come together, live together and help each other to attain the goal by 2000 A.D. I conclude by requesting both the Ministers to control the dreadful diseases like "Sickle-cell anaemia" etc. from which 25.55 lakhs of people have been suffering. The "Sickle-cell anaemia" arises out of genetic disorders under which also come a large number of mentally retarded cases.

Just one minute, Sir.

THE VICE-CHAIRMAN (SHRI JAGESH DESAI): You have already taken 12 minutes.

PROF. (MRS.) ASIMA CHATTERJEE: Thus, we are receiving dangerous signals and repeated warning to take effective measures to control these disease and to give relief to the ailing population.

In this context, nationalisation of health services is of utmost importance. However, I would say that the Ministry of Health and Family Welfare has done really a good job. But in future the Ministry will have to make dynamic efforts and work hard in a dedicated manner to achieve the goal by 2000 A.D.

Thank you, Sir.

THE VICE-CHAIRMAN (SHRI JAGESH DESAI): Still there are two Members to speak, and the Minister is going to reply at 3.50. I wanted it to be at 3-45, but it is 3.50 now. So, ten minutes each, Mr. Bir Bhadra Pratap Singh and Mr. Vishwa Bandhu Gupta.

SHRI BIR BHADRA PRATAP SINGH (Uttar Pradesh): Mr. Vice-Chairman, I would not have ventured to speak. But I feel that three points which are serious, have escaped notice. I will not be repeating too.

The first question I wanted to raise is about the role of technology in health care because that is going to be a very vital subject and it will be vitally affecting the future of medical health. Now a doctor has to be a doctor and a bit of technologist also. Formerly it was not required. Indian hospitals are going to buy Rs. 400 crores worth of medical electronic and other equipment. The question is, "Who will handle these?" The same doctor who treats, will have to handle these medical equipment. There is also need for indigenisation of these equipment through research and development process in India. So, the basic question is, "Who will adopt indigenisation of this technology in the Indian system?" I leave it to the hon. Minister to enlighten me because I am much bothered about it.

My second point would be that in research part also were lacking. I would like to know the view of the Government in regard to the indigenous production of research and development equipment in the country. My suggestion is that a new Government undertaking for the manufacture of medical and electronic equipment connected with medical health should be set up. The Ministry of Health itself will have to take initiative in this regard. Therefore, my suggestion is that a new college for education of medical technology should also be set up. Suppose a doctor has to operate with the help of the cobalt set. In such a situation his medical knowledge alone will not help. Therefore, it is very vital that a new college for education of medical technology is also established in the country.

Secondly, there is a great shortage of medical research in the country. In fact, we are just the borrowers of researches from other countries. Even our biggest institute is totally lacking in researches and we are relying only on the borrowed medical researches and are trying to enforce those within the country. I want this country of 800 million people should have its own medical research programme to suit its own needs and requirements. Any dependence on Western medical research, which is not suited to our system, will not be of much use and in course of time because of the changing needs and with the vast changes in the world we will feel sorry that we had not woken up in time. Shrimati Asima Chatterjee also spoke about the indigenisation of the medical technology.

Now, I would like to speak about researches in the Ayurveda system of

[Shr Bir Bhadra Pratap Singh]

medicine. I have visited many Ayurvedic research centres in the country. I am sorry to mention that no attention, in fact, has been paid to it. Only lip-service is being made. It is surviving only on its own. There have been no research contributions in this field. So, this system is slowly dying out. There are only five or six Ayurvedic research centres. May I know what new research contributions have been made by it? While we are neglecting the indigenous systems of medicine, our entire emphasis is on the Wetern system of medcine—allopathy. It is not suited to our conditions.

I would not speak much on family planning, because much has been said on this. But it is a fact that the Government has spent more than Rs. 1,000 crores on the propagation of birth control. But the result in comparison to the expenditure is very meagre. My suggestion is that this programme should be result-oriented. Since we did not seriously think of providing this linkage, the result has been very meagre. If two things are not combined together, we shall be wasting our money and the result would be still smaller. Now, my last suggestion to him is that because I do not know whether it found mention in the debate, it might be there or it might not be there, a new birth control method has been devised especially in the developed countries known as T-380. It has been used in the developed countries. The question is why we in India have not followed this method. I would like to suggest that this new loop should be manufactured and used in this country. Why this modern technique we have not yet adopted and started producing in our country? With these words, I conclude.

THE VICE-CHAIRMAN (SHRI JAGESH DESAI): Thank you very much. Shri Vishwa Bandhu Gupta.

SHRI VISHWA BANDHU GUPTA (Delhi): Mr. Vice-Chairman, Sir, I thank my hon. friend who has got some very valid points and I have listened to the debate carefully and I would like not to repeat any points that the hon. Members have made. To my mind, the most critical area before the Ministry and indeed before the country is the control of population explosion. I am very happy to note that the Ministry has changed the emphasis of the family planning programme from just controlling the population to the health of the children, health of the family and the well-being of the family. This is a good idea and I support this part of the programme. I believe that the support given by Doordarshan to the Ministry of Health for giving good spots at prime time is free of charge. This is a good idea. However, to my mind, even more important is the control of child marriages. Mr. Morarka is here from Rajasthan and I believe that this is a problem facing his part of the world more than anything else. I believe that *Teej* is coming, for example, and there will be a large number of child marriages in Rajasthan. What is the Ministry doing about that? There should be a very intensive programme to see that this particular area is taken care of because without that I don't believe that we will be able to make great headway. Now, Sir, the isolated spots made available by the Ministry of Information and Broadcasting to the Ministry of Health for this programme are not going to be enough. I think that they should try to have new serials in which this particular programme can be brought home to the people. There should be skits. There should be other small spots telecast on the national programme and give focus by the I&B Ministry, Doordarshan and Radio. I mean, this T.V. in fact, came into being primarily for controlling such social problems as we have like the population problem in this country. I think that if em-

phasis is given on good serials, something more could be done.

Now, Sir, about the age of the marriage. One aspect is to prevent the child marriages. The other important thing is to find jobs or adolescent girls between the age of 14 and 18.

[The Vice-Chairman (Dr. R. K. Poddar) in the Chair.]

In the rural areas if we are not able to provide alternate jobs for the girls in this age, the parents immediately think "Well, this is the time; they are grown up. Let us take care of them. Let us marry them and send them out of the house." So the population explosion continues. Now, perhaps even the Nehru Rozgar Yojana can form part of this programme and part of the money could be utilised to advantage in this direction.

The third point that I would like to bring to your notice, Sir, is that all this effort by Doordarshan, by the media, by the newspapers, advertising, etc. is not going to be of any use unless it is followed up by very good programmes in the field. That is, we must reap the harvest of the programmes and the focus that we have put for the people for this programme by following it up and bringing the matter right down to the people in the village itself. Now, one of the examples I would like to give is how it can be improved in the field is that the treatment of women at the family planning centre, at sterlization camps etc. is not satisfactory, it is actually deplorable. Some reports have pointed out that women are not treated well and if they are not treated well, they are not going to tell it to others, they are not going to encourage and inspire other women of the village to go and get the treatment that is necessary. So, this is the area again where the hon. Minister might like to focus attention and see what could possibly be done in this regard.

The next point I would like to make for the consideration of the hon. Minister is that since we are going to face this problem and this is a national problem, this is not a problem of one Ministry, one party or one Government even, I think that it might be important to have regular meetings of the Secretaries of various Ministries, that is Finance, Health and other Ministries invloved in this programme so that the programme itself could be monitored to advantage and if there are any red-tapes in the flow of this programme, they could be cut or straightened out at the level of the Secretaries rather than at the lower level getting the file up and down and losing time while more children are born every minute. I feel that in this programme even the reports of the Committees of Secretaries etc. and the family planning programme as such would merit the consideration by the hon. Prime Minister who has been looking after this programme for a long time so that the proper push and focus is given to the programme to contain the population. I feel that if this particular programme could be successfully run both by the support of the media, of Doordarshan, of MPs, of parties and of every single Indian to have a focus on it to realise that this is a most important programme before the country and not treated as a political programme, I think, the well-being and the standard of living of our people will go up and we shall have a better place to live in the world. Thank you, Sir.

THE MINISTER OF TEXTILES AND THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI *RAM NIWAS MIRDHA*): *Mr. Vice-*Chairman, Sir, I am indeed very grateful to hon. Members who have taken part in this discussion on the Ministry and I am greatly heartened from the fact that the hon. Members supported some of the things and policies that we are pursuing in this Ministry and what is more, pleaded for more resources to be made available to this Ministry so that it is enabled to play astill greater and a more effective role in assuring health

[Shri Ram Niwas Mirdha]

for all by 2000 A.D. Shri Sukul and other hon. Members initiated a very well-informed debate in which various aspects and facets of national health problems were highlighted and the reply given by my esteemed colleague was pretty comprehensive and tried to cover many of the points that were raised by the hon. Members. I will try to pick up some of the things that were mentioned during this debate and highlight as to what we propose to do in this regard. Sir, our country has made strides in socio-economic programmes during the last forty years of our freedom. Health is the key to all developments and advances made in our health services has had a positive impact on the socio-economic conditions of the country. Only healthy citizens can contribute to the economic development and take care of the security and the safety of the country's border. Health plans hold the key to the country's development, growth and integrity. It is exactly because of these consideration that a mention has been made in our Constitution regarding the health aspect and the 20-Point Programme also gives importance to this and the international acceptance of 'health-for-all by 2000 A.D.', which we have also accepted, gives hope that we will be able to achieve at least some of the goals that are set before us. During the years after Independence, there has been a lot of achievement which we can recount on this occasion, regarding health area, regarding health services. If we take the average life expectancy, it was 32 in 1947 and is almost 60 now. This is a very welcome feature and is a tribute to the various programmes, particularly the mass programmes like the programme for eradication of communicable and other diseases, which have brought about this result. On the other hand, the increased life expectancy and not-rapidly-diminishing birth-rate have also created problems regarding population stabilisation to which I will revert shortly. I would specially mention a couple of programmes which have really done well which hon. Members also recounted. The National Malaria Eradication Programme has been, in many ways, a major success inasmuch as there was a time when the whole malaria was eliminated and the dreadful disease which was immobilising millions of people in our country every year during monsoon seasons and other times had been brought within manageable proportions. I would like to give some figures to explain the way the malaria eradication programme proceeded. In 1958, there were 75 million cases of malaria and in 1965, the incidence came down to 0.1 million which is a remarkable achievement by any account. But then, there was a relapse due to various reasons, resistance being developed in mosquitoes, even drug-resistance in people. With the result, in 1976, the incidence increased to 6.7 million and that really made us think as to what strategy, what new approaches we should have to sustain the tremendous achievement that we had made in this area. So we adopted what we call a modified plan of operation in the Seventh Plan which apart from renewing spraying operations, also had other approaches like surveillance and treatment and prophylactic approach and above all, an educational approach has been introduced at this stage and this strategy is also paying us good dividends and the incidence came down to half of what it was in 1976. We propose to pursue this vigorously and we do hope that this will achieve the results that we want to achieve. Sir, another dreaded disease, which is even a social scourge in a way, is leprosy. It is as much a medical problem as is a social problem and the Government is trying to give attention to this by way of what you call the multi-drug therapy which has also given good results. The number of cases has come down completely and

we have reached a stage when the cases detected are much less than the cases cured with the result that at a particular time, the number of people infected with leprosy is coming down. But we have to keep these efforts going on. And in this context, I will pay rich tributes to voluntary organizations which are working in this area. Taking the example of Mahatma Gandhi, a number of persons of socially dedicated ideologies have entered into this area. And Shri Mallappaji is here who is one of the pre-eminent persons working in this area and who is always spurring us to do more and more in this respect. We have discussed with him and other colleagues as to what more assistance we can give to the voluntary organisations in this nationally very important work. Another achievement which I would like to mention in passing is our primary healthy structure that was established in the country. We have primary health centres, maternity child welfare centres, sub-centres and a whole superstructure of health services that have been built in our country. And it is through this superstructure that we want to carry on our various programmes. The approach till a few years back was that there were special personnel doing special work. For malaria eradication there were special staff, for family planning there were special staff, and so on. Now our approach is different and it is totally health care, particularly in the area of child and mother welfare. Our aim of family planning and family welfare is that we have a comprehensive and holistic approach and not a sectional approach in dealing with the problem. While we establish this, we want to strengthen the basic structure in the rural areas that we have built. While leaving the point of our achievements I would just mention there are other things also in our national programmes like the universal immunisation programme. This is one programme which is such a massive programme which, I think, has never been attempted anywhere else in the world. What we aim at is to achieve by 1990 hundred per cent coverage of pregnant women and 80 per cent coverage of children. This is our aim and here again we want to use the basic infrastructure of health services that we have built to assist us in this.

While I have mentioned some highlights in our achievements, there are a lot of shortcomings in our approaches and in the outcome. While we have built such a big infrastructure in the rural areas, there is paucity of staff, paucity of medicines, as the honourable Member was saying, that doctors are not there, nurses are not there. The auxiliary nursing system is not working as we would wish it. The medicines provided are very scanty, are not enough; some medicines are not there. These are the problems to which we want to seek remedies. One of the things is that in the Eighth Plan we want to strengthen the training institutions for bringing out paramedical personnel like nurses, technicians and others. Bir Bhadraji mentioned about technicians on medical side. I will come to that in greater detail later. But it is saddening to see that there are more doctors in our country than nurses. Where there should be two or three nurses to service a doctor and help other things, they are not there in sufficient numbers. Other paramedical staff and technicians are also lacking. So our thrust in the Eighth Plan would be that this part of medical services receives more attention and we see that technicians, radiology maintenance machines and staff who work in laboratories and other shortages in this area are properly dealt with. One of the points made by honourable Members was that the allocation on health as a percentage of total Plan allocation has been coming down. It is true that it is happening. But what is worrying us is even the money that is allocated, the State Governments are not using that money. The present system is that when the State Govern-

[Shri Ram Niwas Mirdha]

ments come for discussions with the Planning Commission for their Annual Plan, they have a minimum needs programme of which health services are a part. They agree to certain allocations in the health area. But when we see the progress of expenditure and the priorities which they give, we find that that money has been diverted to other areas. This is a very serious situation and even the sanctioned posts have not been filled by them. Even the money that was agreed upon in the Annual Plan discussions is not made available to this sector. We are considering whether we can have a sub-sector in the minimum needs programme or we have any other way of ensuring that at least what is agreed upon by the State Governments is used for the purpose of health services. Unless we strengthen the basic health services, we would not be able to achieve any success in our programmes, in our national programmes or family welfare programmes or family planning programmes.

Much was mentioned and rightly so regarding population situation. We want to stabilise the population at a certain level. And, Sir, we have been able to do something in this 4.00 P.M. respect, but again not much, not to the expectations of this House or ourselves in the Ministry. Here also the small family norm was accepted by 16.44 million people in 1984-85 and by 22.69 million people in 1987-88. Similarly, the couple reproduction rate is also rising. In 1984, it was 29.5 per cent and, in 1988, it is almost 40 per cent. But still, as I said in the beginning, the annual growth rate continues to be high and we are really worried as to what should be done in this regard. A number of suggestions were made by the honourable Members regarding this including the suggestion that there should be some legal compulsion in this respect and only the one-child norm should be enforced legally. The example was quoted of a neighbouring country. But, Sir, we in this country do not want to have any compulsion in the family welfare programme. This is a voluntary programme and it is in the spirit of a democratic set-up and we continue to do so and we even doubt whether any compulsion, as is said to have been done in the neighbouring country, will be even successful because they are having their own problems and requirements. This is a very sensitive area where you cannot have a mass or uniform approach and you cannot steamroller over people's feelings, aspirations, and needs. So, every single person, every couple, has to be motivated and he or she has to be convinced of the utility of the programme and then we have to offer choices as to what he or she should propose to do and we propose to continue to do this and I hope we will have success in this respect.

Mention was made just now by the honourable Members—and Vishwa Bandhuji also just now mentioned it—regarding the age of marriage. We raised the age of marriage to 18 years. But it is not being followed uniformly. This is basically because of our anxiety to cure very complicated situations by legislation. Legislation is social reform is successful only if it is followed up by public representatives and public movements for the success of that particular policy that has been enshrined in the legislation itself. So, legislation *per se* or legislation by itself is not the solution for this complicated situation. So, laws have to be enforced, but concurrently there has to be a popular movement on social reform about the age of marriage, about the importance of girls in our national life, about strengthening the educational side of this, and I think it will be too simplistic to say, "You pass a law and everything will be all right.". I do not wish the House to pass laws

all the time. But, in matters of social and personal concern such as family planning, it cannot just be left to law. But we all have to involve ourselves, all political parties, all social groups and all voluntary organisations, and there has to be a national consensus or a national movement towards the family welfare programme and then only we will be able to make a success of it.

Sir, something was mentioned about incentives and disincentives and I would like to refer to what we have done in some States about incentives. We selected some areas in which for ten years there were certain incentives and we selected certain other areas where the scheme have been normal and the result has been that the acceptance or the rate of mortality remained almost the same in both. So, here again, it is not a question of incentives or disincentives. But we do not rule out the importance of this. The Central Government has something and I won't call them incentives. If yo uare out of job or if you are put out of the labour market, we compensate you in some small way. Some State Governments and some private organizations and industrial establishments have come out with their own liberal policies on incentives and we do welcome all these initiatives that they have taken in this respect and we will continue to watch the situation and do everything possible to help them and other voluntary agencies in solving this very difficult and intractable problem.

Sir, I will now come straight to the question of Indian systems of medicine about which a number of persons today and also the other day mentioned. Our policy regarding the Indian systems of medicine is very clear. We have accepted them as a part of our national health set-up. And, by Indian systems of medicine, I mean Ayurveda, Siddha, Unani, Naturopathy and Homoeopathy. These have been broadly classified under the head 'Indian systems of medicine'. Ayurveda particularly is a system of medicine which has been obtaining in our country for thousands of years and it has proved to be very useful in many ways. Actually, as of now, we have as many doctors working in the Ayurveda area as on the Allopathy side. So the number of persons who are working in this area is not small but is quite large. We have established many national institutions for training all these people.

As regards the research side about which a mention was made, we have research institutions covering all these systems. For Siddha, for example, we are going to have another National Research Laboratory, just for Siddha. So our broad and general policy is that these systems should be strengthened. They have proved their worth over the years. They have acceptance at the widest possible level. Every effort will be made to help them develop themselves.

As regards the quality of research, I cannot say now as to what it is. But not only in terms of research but in the implementation of every national programme we want the Indian systems of medicine to make their contribution. It is an open offer we have made to them, and it is now the challenge to the practitioners of Indian systems of medicines to take up this challenge and prove themselves that they can also assist the national health service in every possible way, and particularly in all national programmes that we have undertaken. And I am sure they will rise to the occasion. Sir, on behalf of the Government I unhesitatingly say that whether it is research or medicines or standardisation or promotion or training, we will give all possible assistance so that these systems which are really national systems of medicines are able to play their legitimate role in our set-up. We have not only full sympathy but full support for them, and I hope that these people will come up to the required level.

[Shri Ram Niwas Mirdha]

Now I will mention some specific points raised today, which are really important and interesting. Mention was made about the role of technology and what is medical technology. Bir Bhadra Pratap Singhji mentioned about this. Actually, Sir, when I mentioned earlier that there is a paucity of para-medical staff and technicians, this is exactly what I had in mind. The Indian Institute of Medical Sciences does train technicians. Some other institutions do so. But they are not enough to meet our requirements. So in the complexity of challenges that await them in the area of medical technology, in the Seventh Plan we propose to strengthen these institutions and start new courses wherever possible if it is necessary to do so. And I hope by that we will not only be able to maintain whatever equipment that we have or are going to instal but also to see that they are run properly and they give benefit, because many a time it is mentioned in the House that many imported or even local instruments are not properly maintained and they are lying unused. Some of these observations are very correct and we will see that this situation is minimised to the extent possible.

Sir, mention was made about Copper-T and 380-A. I would like to mention that this is under trial with the Indian Council of Medical Research, and it is awaiting clearance. At the same time, the Hindustan Latex Ltd.. Trivandrum, has negotiated technology transfer for the manufacture of both CUT-2 and 380-A. I would assure the hon. Members that we will do everything possible to see that these trials are finished early and we are able to use these things as early as possible.

Sir, many hon. Members mentioned points which I may not be able to refer to individually, point by point, when particularly my esteemed colleague has already covered most of the ground. But I would like to say that we in the Ministry want that Health For All things become realities. And that can only become reality when our rural health services improve. Sir, I am not the one who blames doctors for not going to villages. Again, simple solutions have been suggested, like making rural service compulsory. But even that does not function properly. The whole thing is that at the State level here should be a proper atmosphere for these highly trained and educated persons to work in a meaningful way and in a manner which gives job satisfaction. That can only be done if you equip the Primary Health Centres in a proper way and if all the diagnostic facilities to which he is used are made available there. Then we can make use of his talents. Otherwise such an over-educated person to be used in a situation where there is no challenge, where there is hardly any equipment or even medicine to dispense, will amount to a waste of a highly-talented person and it is not going to pay any dividend by forcing him to go there. We should enable him to function effectively and this can only be done by strengthening that sector. In the Eighth Plan, our approach would be that this infra-structure that we have created should be strengthened as much as possible.

A lot of interest is shown by hon. Members during the Question Hour and at other times regarding the drugs, spurious drugs, sub-standard drugs, etc. Under our legal dispensation, there is a central law, Drugs and Cosmetic Act. It is implemented by the State Governments through the Drug Controller. Some States have well-organised set-up like Maharashtra and other States. But some States do not have even the elementary testing facilities. The number of Drug Inspectors in the country is much less than what the situation demands. We are in touch with the State Governments. Here too, in the Eighth

Plan, we want to take a positive view as to how the drug inspection system can be strengthened so that our citizens get drugs of the right quality and the monitoring that is expected of the drug control staff in the Centre and in the States is sufficiently strengthened by way of equipment, by way of numbers and in other administrative ways to see that they do it properly. The question of banned drugs comes up again and again. In a few sentences, I would like to say that the WHO list is not a list of banned drugs or which they advise us to ban. It is merely an information which is sent to the members of WHO informing them that certain drugs have been banned in certain countries and that they are allowed in other countries. It is not proper to take an alarmist view as if our people are subjected to drugs which are injurious to their health because they have been banned in other countries. As I mentioned today earlier in the day during the Question Hour, there are drugs which have been banned in one set of countries and they are in operation in the same set of developed countries. So, we have a very well-organised and a well-laid out exercise for assessing the usefulness of drugs. We have a group of experts who examine them, who examine the world literature and who carry on experiments and observations. Then they advise us as to which drug should be banned. We have banned a lot of drugs. Since this is a continuing exercise, it is going on all the time. The vigilance that is necessary I think is imparted. But much more needs to be done in this respect. Unless we have drugs of the right type at the right price for the people, whatever programmes we make about promotion of health would not be successful.

Well, Sir, I assure the hon. Members that all the points which they have made and which I have not been able to reply to would be seriously considered. I will again thank them for participating in this discussion in a very meaningful and knowledgeable way. I have no hesitation in saying that I personally and the Department as a whole have greatly benefited by it. Thank you, Sir.

SHORT DURATION DISCUSSION COMMUNAL SITUATION IN DIFFERENT PARTS OF THE COUNTRY—Contd.

SHRI PAWAN KUMAR BANSAL (Punjab): Mr. Vice-Chairman, Sir, communalism today is the greatest impediment in the process of nation building. Communal riots break out on the slightest pretext in many parts of the country rendering hollow all our pious talk of emotional integration. I had referred to only a few towns the other day. In fact, the list of sensitive towns runs into hundreds. The latest to earn infamy are Mathura and Hazaribagh. Telling references to the Hazaribagh's residents agony and suffering were very eloquently made by Shri Yashwant Sinha the other day.

A perverted view of history conveyed consciously or sub-consciously to the people right from their childhood, at school, at home and elsewhere has perhaps given an impetus to the forces of communalism in our country. The spread of education, we thought, would wean the people away from the evil forces of communalism. On the contrary, communal obscurantist and fissiparous ideas have fouled our education system. The proliferation of communal press has also contributed significantly in smearing the beautiful fabric of India's unity and integrity.

Sir, in our secular State, the virus of communalism has affected the State apparatus as well. Many officials and aspiring politicians extend support to the communal elements making the situation more grave. To exercise the evil spirit of communalism from our society, we must purge our institutions of all those who abet communalism. They have to be dealt with severely, particularly if they happen to be members of the Police, the Intelligence or the Adminstration. Sir, as has been